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Attorneys for Defendant/Counter-Plaintiff,
 KEATING DENTAL ARTS, INC.

IN THE UNITED STATES DISTRICT COURT
 FOR THE CENTRAL DISTRICT OF CALIFORNIA
 SOUTHERN DIVISION

JAMES R. GLIDEWELL DENTAL
 CERAMICS, INC. dba GLIDEWELL
 LABORATORIES,

Plaintiff,

v.

KEATING DENTAL ARTS, INC.

Defendant.

AND RELATED COUNTERCLAIMS.

Civil Action No.
 SACV11-01309-DOC(ANx)

**DECLARATION OF DR.
 STAN RICHARDSON IN
 SUPPORT OF KEATING
 DENTAL ARTS, INC.'S
 MOTION FOR SUMMARY
 JUDGMENT**

Honorable David O. Carter

1 I, Dr. Stan Richardson, hereby declare as follows:

2 I am a practicing dentist who has purchased dental restorations from
3 Keating Dental Arts, Inc. ("Keating"). My dental office is located at 780 Nissan
4 Dr. Smyrna, TN 37167. I have personal knowledge of the matters set forth
5 herein. If called upon to testify, I could and would testify as follows:

6 1. I am licensed to practice dentistry in the state of Tennessee. I
7 received an undergraduate degree from East Tennessee State University in 1980.
8 I received a Doctor of Dental Surgery from the University of Tennessee Health
9 Sciences Center in 1985. I have been practicing as a licensed dentist for 27
10 years. During that time, it has been a regular part of my practice to treat patients
11 in need of dental restorations.

12 2. To address my patients in need of dental restorations, it has been
13 my practice to purchase crowns and bridges from dental laboratories that
14 manufacture the restorations in response to my specifications. In this regard, I
15 provide the dental laboratories with a prescription form that identifies the
16 patient, the tooth (or teeth), and the specific dental restoration product that I
17 would like manufactured for the patient.

18 3. Since my dental practice began in 1985, I have ordered dental
19 restorations from a number of different dental laboratories. I have been ordering
20 dental restorations from Keating since around 2005. I am aware of Glidewell
21 Laboratories and have ordered products from them a few times in the past.

22 4. I have ordered many different types of dental restorations from
23 Keating, including porcelain-fused-to-metal crowns, gold crowns, and crowns
24 containing zirconia.

25 5. The first time I ordered a crown containing zirconia from Keating
26 was in November 2007 when I ordered a "KDZ" crown. In 2007, Keating's
27 "KDZ" crown had a zirconia substructure with a porcelain overlay.

28 6. In 2007 when I ordered Keating's KDZ crown I recognized the "Z"

1 in the “KDZ” name to be a reference to zirconia, the substance that formed the
2 substructure of the crown.

3 7. The first time I ordered a full contour zirconia crown from Keating
4 was in May 2011 when I ordered what Keating calls a KDZ Bruxer crown. I
5 ordered Keating’s KDZ Bruxer crown for one of my patients because I wanted a
6 monolithic zirconia crown that would be stronger than a crown having a
7 porcelain overlay.

8 8. I learned of Keating’s KDZ Bruxer product when I contacted
9 Keating to ask if they had a product I could use instead of a gold crown because
10 I had a patient that did not want a gold crown. The Keating representative told
11 me about the KDZ Bruxer product.

12 9. Attached as **Exhibit A** are true and correct copies of Keating
13 Dental Arts prescription forms that I submitted to Keating to order KDZ Bruxer
14 crowns for three different patients, one in November 2011 and two in May
15 2012.

16 10. In the order forms attached as Exhibit A, I specified the product
17 that I was ordering by writing comments in the “Information” section of the
18 form. On the form dated in November 2011, I wrote “Bruxzir Crw #18” to
19 designate that I wanted an all zirconia crown for tooth #18. On the two forms
20 dated in May 2012, I wrote “Bruxzer Crw” and then specified tooth #31 and #18
21 respectively. Once again, I wrote this to designate an all zirconia crown for the
22 indicated tooth. I used the terms “Bruxzir” and “Bruxzer” on the prescription
23 forms because to me these terms are used to indicate an all zirconia crown
24 which is commonly used for bruxers. I knew I was ordering the crowns from
25 Keating and I wanted to receive a crown made by Keating.

26 11. When I wrote “Bruxzir” or “Bruxzer” on the prescription form, I
27 did not intend to order a crown made by Glidewell Laboratories. Nor did I
28 intend to order a crown made from material provided by Glidewell Laboratories.

SP

1 When ordering these crowns, I did not think there was any affiliation between
2 Keating and Glidewell Laboratories.

3 12. From my experience in the dental profession, I readily recognize
4 "zir" to indicate zirconia, the material used in Keating's KDZ Bruxer crown. I
5 also readily recognize "brux" to indicate a product that is strong enough to be
6 used for patients with bruxism. The terms I used on the prescription forms were
7 meant to communicate that I wanted an all zirconia crown because they are
8 strong and will not chip under the heavy forces that are generated by bruxers,
9 grinders and heavy biters.

10 I declare under penalty of perjury under the laws of the United States of
11 America that the foregoing is true and correct.

12 Executed November 15, 2012, in Smyrna, Tennessee


13
14 
15 Dr. Stan Richardson
16
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26
27
28

EXHIBIT A

CONFIDENTIAL ATTORNEY'S EYES ONLY



Keating
Dental Arts
Creating smiles everyday.

Phone: (949) 955-2100 Fax: (949) 955-2199
16881 Hale Avenue, Irvine, CA 92606
E-mail: shade@keatingdentalarts.com
www.keatingdentalarts.com

Doctor's Account # RIC Phone # () _____

Dr. DR. STAN RICHARDSON

REDACTED

Patient _____

Toll Free: (800) 433-9833

Finish Date: 5/10/12

PLEASE SEND THE FOLLOWING

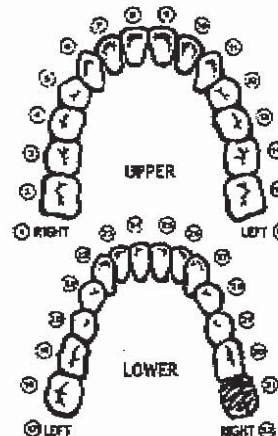
- ☐ RX forms ☐ Mailing Labels
☐ Boxes ☐ Other _____

SPECIAL ENCLOSURES

- ☐ Photo(s) ☐ Analog
☐ Models ☐ Implant Parts
☐ Shade Tab ☒ Impression
☒ Bite ☐ Other _____

Rx SPECIFIC INSTRUCTIONS

Breaker on # 31
D-3 vte



Signature [Signature] D.C.S. License # TN-4532

TERMS: Customer agrees to company policy as stated on reverse.

Age: 60 Sex: F
☐ Dr. to Die Trim ☐ Metal Try-In
☐ Finish to Porcelain

Please indicate the distribution of hues and the types of characterizations desired:

SHADE INSTRUCTIONS

Vita-Lumin: D-3 Vita-3D: _____
Chromascopy: _____ Shup Shade: _____
Morbidity: _____ Other: _____



BUCCAL COLLAR DESIGN

- ☐ Hairline or _____ mm on Buccal
☐ Porcelain Junction Margin
☐ Porcelain Butt Margin (90 shoulder req.)

METAL DESIGN

- ☐ All Porcelain coverage
☐ Metal Coping with Porcelain coverage
☐ Metal Occlusal excluding Buccal CUSP
☐ Metal Occlusal including Buccal CUSP

ANTERIOR DESIGN



OCCUSAL STAINING

- ☐ None ☐ Medium
☐ Light ☐ Dark

IF NO OCCUSAL CLEARANCE

- ☐ Metal Occlusion
☐ Reduction Coping
☐ Spot Opposing
☐ Make Permanent Note

PONTIC DESIGN



PORCELAIN FUSED TO METAL

- ☐ Fused to Non-Precious*
☐ Fused to Semi-Precious
☐ Fused to White High Noble
☐ Fused to Yellow High Noble
☐ Fused to Captek

LAB TIME: 8 DAYS

ALL-CERAMIC

- ☐ KDA Full Veneer
Stacked Feldspathic
☐ IPS e.max™
☐ IPS Empress™ Esthetic

LAB TIME: 8 DAYS

IMPLANTS

- ☐ Porcelain fused to Semi-Precious
☐ Porcelain fused to White High Noble*
☐ Porcelain fused to Yellow High Noble
☐ Porcelain fused to Captek
☐ Procera All-Ceramic**
☐ KOD Zirconia
☐ Procera Custom Abutment:
☐ Titanium ☐ Ceramic
☐ Atlantis Custom Abutment:
☐ Titanium ☐ Ceramic

LAB TIME: 8 DAYS

THERMOFORMED PRODUCTS

- ☐ Soft Nightguard
☐ Bleaching Tray
☐ Hard Night Guard
☐ Custom Tray
☐ Ultra Guard
(Bolt a hard for extra comfort)
☐ Stone Guard

PRO-SAFE MOUTHGUARDS

- ☐ Junior
☐ Intermediate
☐ Pro-Guard

LAB TIME: 8 DAYS

CAD/CAM

- ☐ KOD Zirconia
☐ Procera Zircon

LAB TIME: 8 DAYS

COMPOSITES

- ☐ Tescara ATL*
☐ Tescara ATL*
U-Beam Bridge

LAB TIME: 8 DAYS

FULL CAST RESTORATIONS

- ☐ High Noble 62"—Type III (62 AU)
☐ Gold Inlay/Onlay—Type II (JRV 77 AU)
☐ Other _____
Please Specify _____

LAB TIME: 8 DAYS

PRO-TEMPS REINFORCEMENT

- Abutments #s _____ Pontics #s _____
☐ Wire*
☐ Cast Metal Frame
☐ Splinted
☐ Individual

LAB TIME: 8 DAYS

REMOVABLES

- ☐ KDA Denture
☐ KDA Premium Denture
☐ Cast Chrome Frame
☐ Set-up/Process Teeth on
Partial Frame
☐ Mould _____
☐ Shade _____
☐ Partial Complete Framework
Process and Finish
☐ Custom Impression Tray
☐ Acrylic Staysplate
☐ Valplast Partial Denture Complete
☐ Reline
☐ Specie Maintainer

*STANDARD DENTURE CONCEPTS EMPLOYED. **MATERIALS: KOD ZIRCONIA AND CERAMIC NEUTRONIC DENTURE.

KDA-002006

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Keating
Dental Arts
Creating smiles everyday™

16881 Hale Avenue, Irvine, CA, 92606
Email: shade@keatingdentalarts.com

800-433-9833
Fax 949-855-2199

Doctor's Account #

RIC

Phone # ()

Dr.

DR. STAN RICHARDSON

REDACTED

Patient

LAST

FIRST

Date Due In Office

11/05/11

PLEASE SEND:

☐ RX forms ☐ Boxes ☐ Mailing labels

ENCLOSURES

LAB USE ONLY

☐ Photo(s) ☐ Analog ☐ Models

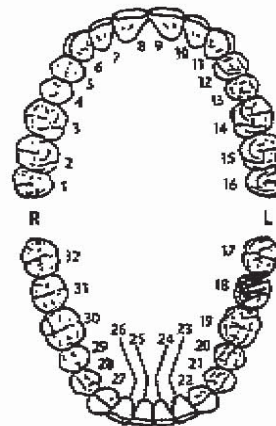
☐ Implant parts ☐ Wax ☐ Occlusal

☐ Shade tab ☐ Other

Rx SPECIFIC INSTRUCTIONS

* Standard unless specified

Bruzie Cw #18



Signature:

TERMS: Customer agrees to company policy as stated on reverse.

Age: Sex: M

☐ Dr. to die/trim ☐ Metal try-in

☐ Finish to porcelain

Please indicate the distribution of lines and the types of characteristics desired.

SHADE INSTRUCTIONS

Vita-Lumin: A3

Noriaker:

Vita-3D:

Stump shade:



BUCCAL COLLAR DESIGN

- ☐ Hairline or _____ mm buccal
☐ Porcelain junction margin*
☐ Porcelain built margin (90° shoulder required)

IF NO OCCLUSAL CLEARANCE

- ☐ Metal occlusion
☐ Reduction coping
☐ Spot opposing
☐ Make permanent note

ANTERIOR DESIGN

- ☐ 1/4 Metal lingual
☐ 1/2 Metal lingual
☐ 3/4 Metal lingual

METAL DESIGN

- ☐ All porcelain coverage
☐ Metal coping with porcelain coverage*
☐ Metal occlusal excluding buccal CUSP
☐ Metal occlusal including buccal CUSP

OCCLUSAL STAINING

- ☐ None ☐ Light*
☐ Medium ☐ Dark

PONTIC DESIGN

- ☐ Modified ridge lap*
☐ Full ridge lap
☐ Sanitary
☐ Bullet
☐ Ovate
☐ KDA Denture
☐ KDA Premium Denture
☐ KDA Ultra Premium Denture
☐ Locator retained
☐ Bar retained (Titanium bar)
☐ Screw retained hybrid (Titanium bar)

REMOVABLES

- ☐ TCS*/Valplast* Partial Complete
☐ TCS*/Bego
☐ Valplast*/Bego
☐ Cast chrome
☐ Acrylic stayplate
☐ Delineator™
☐ Lab select complete design
☐ Frame try-in
☐ Frame w/occlus. rim
☐ Frame w/set-up try-in
☐ Finish

PFM

- ☐ Non-precious*
☐ Semi-precious
☐ White high noble
☐ Yellow high noble
☐ Captek™

IMPLANTS

- ☐ PFM - Semi-precious*
☐ PFM - White high noble
☐ Full cast yellow semi-precious
☐ Captek™
☐ High noble 56
☐ KDO Max
☐ KDO Ultra
☐ IPS® e.max

ABUTMENT

- Atlantis™
☐ Titanium* ☐ Gold-hue
☐ Zirconia

- ☐ Titanium ☐ Zirconia
☐ Gold anodized
☐ Custom UCLA

FULL CAST

- ☐ High Noble 56-Type II
☐ Gold inlay/onlay-Type II (JRVT)
☐ White High Noble
☐ White semi-precious
☐ Yellow semi-precious

METAL-FREE RESTORATION

KDO Family (CAD/CAM)

- ☐ KDO Bruxer
☐ KDO Max
☐ KDO Ultra*
☐ Propera®

Pressables

- ☐ IPS® Empress Esthetic
☐ Stained & glazed only*
☐ Cut-back & layered
☐ Stump shade required
☐ IPS® e.max
☐ Stained & glazed only*
☐ Cut-back & layered
☐ Stump shade required

Veneers

- ☐ KDA Foil Veneers (Stained feldspathic porcelain)
☐ IPS® Empress Esthetic*
☐ IPS® e.max
☐ Stump shade required

KDA TEMPS

- ☐ Diagnostic wax-up

Abutments for:

Pontics for:

- ☐ Wire* ☐ Cast metal frame
☐ Splinted ☐ Individual

APPLIANCES

- ☐ Night Guard - Astron CLEARsplint™
☐ Night Guard - Hard Thermofomed
☐ Bleaching Tray
☐ Foam liner
☐ Reservoir
☐ Clear Pro-Guard
☐ Night Guard - Hard Hand Waxed
☐ Night Guard - Soft
☐ Ultra Guard (hard/soft)
☐ 1.0 mil Clear Ortho Retainer

KDA-001971

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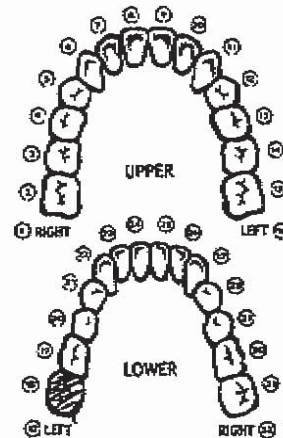
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E-mail: shade@keatingdentalarts.com
www.keatingdentalarts.com

Doctor's Accounts RIC Phone# ()
Dr. DR. STAN RICHARDSON
Patient REDACTED
Toll Free: (800) 433-9833

Finish Date: 5/18/12

Rx SPECIFIC INSTRUCTIONS

Bruxer Cw #18
5/15/12 A-2



Signature: *Stan Richardson* D.D.S. License #: TN-4532
TERMS: Customer agrees to company policy as stated on reverse.

Age: 16 Sex: M
☐ Dr. to Die Trial ☐ Metal Try-In
☐ Finish to Porcelain
Please indicate the distribution of hues and the types of characterizations desired:
SHADE INSTRUCTIONS
Vita-Lumin: A-2 Vita-30: _____
Chromascop: _____ Stamp Shade: _____
Notation: _____ Other: _____



BUCCAL COLLAR DESIGN
☐ Hairline or _____ mm on Buccal
☐ Porcelain Junction Margin*
☐ Porcelain Butt Margin (90 shoulder req.)

METAL DESIGN
☐ All Porcelain coverage
☐ Metal Coping with Porcelain coverage*
☐ Metal Occlusal excluding Buccal CUSP
☐ Metal Occlusal including Buccal CUSP

PONTIC DESIGN
☐ Barbit ☐ Full Ridge Lap ☐ Modified Ridge Lap* ☐ Bullet ☐ Oval

ANTERIOR DESIGN
☐ 1/4 Metal Lipset ☐ 1/2 Metal Lipset ☐ 3/4 Metal Lipset

OCCUSAL STAINING
☐ None ☐ Medium
☐ Light ☐ Dark

IF NO OCCUSAL CLEARANCE
☐ Metal Occlusion
☐ Retraction Coping
☐ Spot Opposing
☐ Make Permanent Note

PLEASE SEND THE FOLLOWING <input type="checkbox"/> RX forms <input type="checkbox"/> Mailing Labels <input type="checkbox"/> Boxes <input type="checkbox"/> Other _____	
SPECIAL ENCLOSURES <input type="checkbox"/> Photo(s) <input type="checkbox"/> Assing <input type="checkbox"/> Models <input type="checkbox"/> Implant Parts <input type="checkbox"/> Shade Tab <input type="checkbox"/> Impression <input type="checkbox"/> Shs <input type="checkbox"/> Other _____	
PORCELAIN FUSED TO METAL <input type="checkbox"/> Fused to Non-Precious* <input type="checkbox"/> Fused to Semi-Precious <input type="checkbox"/> Fused to White High Noble <input type="checkbox"/> Fused to Yellow High Noble <input type="checkbox"/> Fused to Captek <small>LAB TIME: 8 DAYS</small>	ALL-CERAMIC <input type="checkbox"/> KDA Full Veneer <input type="checkbox"/> Stacked Feldspathic <input type="checkbox"/> IPS e.max* <input type="checkbox"/> IPS Empress* Esthetic <small>LAB TIME: 8 DAYS</small>
IMPLANTS <input type="checkbox"/> Porcelain fused to Semi-Precious <input type="checkbox"/> Porcelain fused to White High Noble* <input type="checkbox"/> Porcelain fused to Yellow High Noble <input type="checkbox"/> Porcelain fused to Captek <input type="checkbox"/> Procera All-Ceramic** <input type="checkbox"/> KIDZ Zirconia <input type="checkbox"/> Procera Custom Abutment: <input type="checkbox"/> Titanium <input type="checkbox"/> Ceramic <input type="checkbox"/> Atlantis Custom Abutment: <input type="checkbox"/> Titanium <input type="checkbox"/> Ceramic <small>LAB TIME: 8 DAYS</small>	THERMOFORMED PRODUCTS <input type="checkbox"/> Soft Nightguard <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> Hard Night Guard <input type="checkbox"/> Custom Tray <input type="checkbox"/> Ultra Guard (Soft & hard for extra comfort) <input type="checkbox"/> Snore Guard PRO-SAFE MOUTHWASHES <input type="checkbox"/> Junior <input type="checkbox"/> Intermediate <input type="checkbox"/> Pro-Guard <small>LAB TIME: 3 DAYS</small>
CAD/CAM <input type="checkbox"/> KIDZ Zirconia <input type="checkbox"/> Procera Zircon <small>LAB TIME: 8 DAYS</small>	COMPOSITES <input type="checkbox"/> Tescora ATL* <input type="checkbox"/> Tescora ATL* U-Beam Bridge <small>LAB TIME: 7 DAYS</small>
FULL CAST RESTORATIONS <input type="checkbox"/> High Noble 62*-Type III (62 AU) <input type="checkbox"/> Gold Inlay/Overlay—Type II (JRVIT 77 AU) <input type="checkbox"/> Other _____ <small>LAB TIME: 4 DAYS</small>	PRO-TEMPS REINFORCEMENT Abutments #s _____ Pontics #s _____ <input type="checkbox"/> Wire* <input type="checkbox"/> Cast Metal Frame <input type="checkbox"/> Spotted <input type="checkbox"/> Individual <small>LAB TIME: 4 DAYS</small>
REMOVABLES <input type="checkbox"/> KDA Denture <input type="checkbox"/> KDA Premium Denture <input type="checkbox"/> Cast Chrome Frame <input type="checkbox"/> Set-up/Process Teeth on Partial Frame <input type="checkbox"/> Mould _____ <input type="checkbox"/> Shade _____ <input type="checkbox"/> Partial Complete Framework Process and Finish <input type="checkbox"/> Custom Impression Tray <input type="checkbox"/> Acrylic Slabplate <input type="checkbox"/> Valplast Partial Denture Complete <input type="checkbox"/> Relina <input type="checkbox"/> Space Maintainer	

KDA-002021